

Foster Family Home - Deficiency Report

Provider ID: 2-110065

Home Name: Marilyn Foster, CNA

Review ID: 2-110065-18

73-1300 Hiolani Street

Reviewer: Terri Van Houten

Kona HI 96740

Begin Date: 9/9/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 10/9/2021.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(8) - CG#3 did not have a current CPR/First Aid card on file (Expired 8/2021).

41.(g) - CG#2 did not have a completed basic skills checklist.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) - RN delegations were missing for CG#2 for client #1 and were missing for CG#2 and CG#4 for client #2

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(3) Current copies of the client's physician's orders;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) - Current and previous Service Plan for client #2 had not been signed by the POA.

54.(c)(3) - Client #1 and Client #2 did not have a current diet order on file.

54.(c)(5) - Client #2 had an order to taper a medication over several weeks. MAR did not reflect tapered dose.



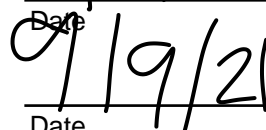
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Terri Van Houten

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Marilyn D Foster
(PLEASE PRINT)

CCFFH Address: 73-1300 Hiolani St, HI 96740
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(b)(8)	Retrieved a copy from CG of current CPR/First Aid cards and put it under CG tab.	09/10/2021	Will not forget to request a copy of CPR/First Aid to be sent to me once CG has completed training and obtained certificates. Added a reminder to my online email calendar and sent invitation reminder to CG as well.
41.(g)	Contacted case manager to conduct a basic skills checklist with CG #2. Added checklist to clients binder.	09/13/2021	Will not forget to update Case managers regarding changes to CG to complete checklist. I requested for the Case Managers to ask me if there are any changes to CG's when visiting monthly.
43.(c)(3)	Contacted case manager to conduct RN delegation for all CG's for both clients. Added RN delegation to clients binders.	09/13/2021	Will not forget to update Case managers regarding changes to CG to complete RN delegations. I requested for the Case Managers to ask me if there are any changes to CG's when visiting monthly. I also set a reminder to myself on my calendar and phone.
54.(c)(2)	Service plan signed [REDACTED]	99/13/2021	[REDACTED] CG will ensure all forms and consents are signed [REDACTED]
54.(c)(3)	Client #1 and #2 have a current diet plan in binders.	09/13/20	I will ensure when the Physician does an annual wellness check for clients, that they will update the diet plan for clients, and review.
54.(c)(5)	Medication discrepancy was corrected to reflect medication dosages.	09/13/2021	In the future, upon receiving new physician orders, I will write the correct medication and instructions on the MAR immediately.

X All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10/6/2021

X CTA has reviewed all corrected items